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Using PCOC tools for transition of care

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Abstract
PCOC is a quality initiative developed specifically to "support continuous improvement in the quality and effectiveness of palliative care service delivery across Australia".

Keywords
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What is PCOC?

PCOC is a quality initiative developed specifically to "support continuous improvement in the quality and effectiveness of palliative care service delivery across Australia".

- Established in 2005 → quality improvement initiative
- Measures patient outcomes in palliative care
- Specifically targeted at specialist PC services
- National approach
- Benchmarks added in 2008

PCOC Assessment Tools

Phase[1]	Stage of illness – patient and family
RUG-ADL[2]	Functioning, dependency and resources
AKPS[3]	Performance and prognostication
PCPSS[4]	Distress – patient and family, includes psych/spiritual
SAS[5]	Distress – 7 symptoms, patient perspective

Reports also gather other patient and episode of care information such Diagnosis, age, gender and LOS

[1]Eagar et al 2004; [2]Fries et al 1994; [3]Abernethy et al 2005; [4]Eagar et al 2004; [5] Kristjanson et al 1999

PCOC- Additional benefits

- Assessment tools drive the focus of care/care planning
- Improved symptom management
- Acknowledgment of the carer/family as part of the unit of care
- Provision of a common language
- Consistent, clinical picture of the individual patient
- A seamless service between home, hospital and inpatient palliative care
- Enhanced communication between patients, families and clinicians
- Consistent, formal documentation of assessment
- Assessment across domains provides referral triggers

PCOC- Features

Standardised, centrally managed, and locally delivered training by PCOC quality improvement facilitators means a consistent approach to:

- The use of the tools
- Assessment of patients
- Language
- Documentation
- Reporting
- Benchmarking/monitoring service performance
- Interpretation of reports

Case study

Introducing *Bob Callis*

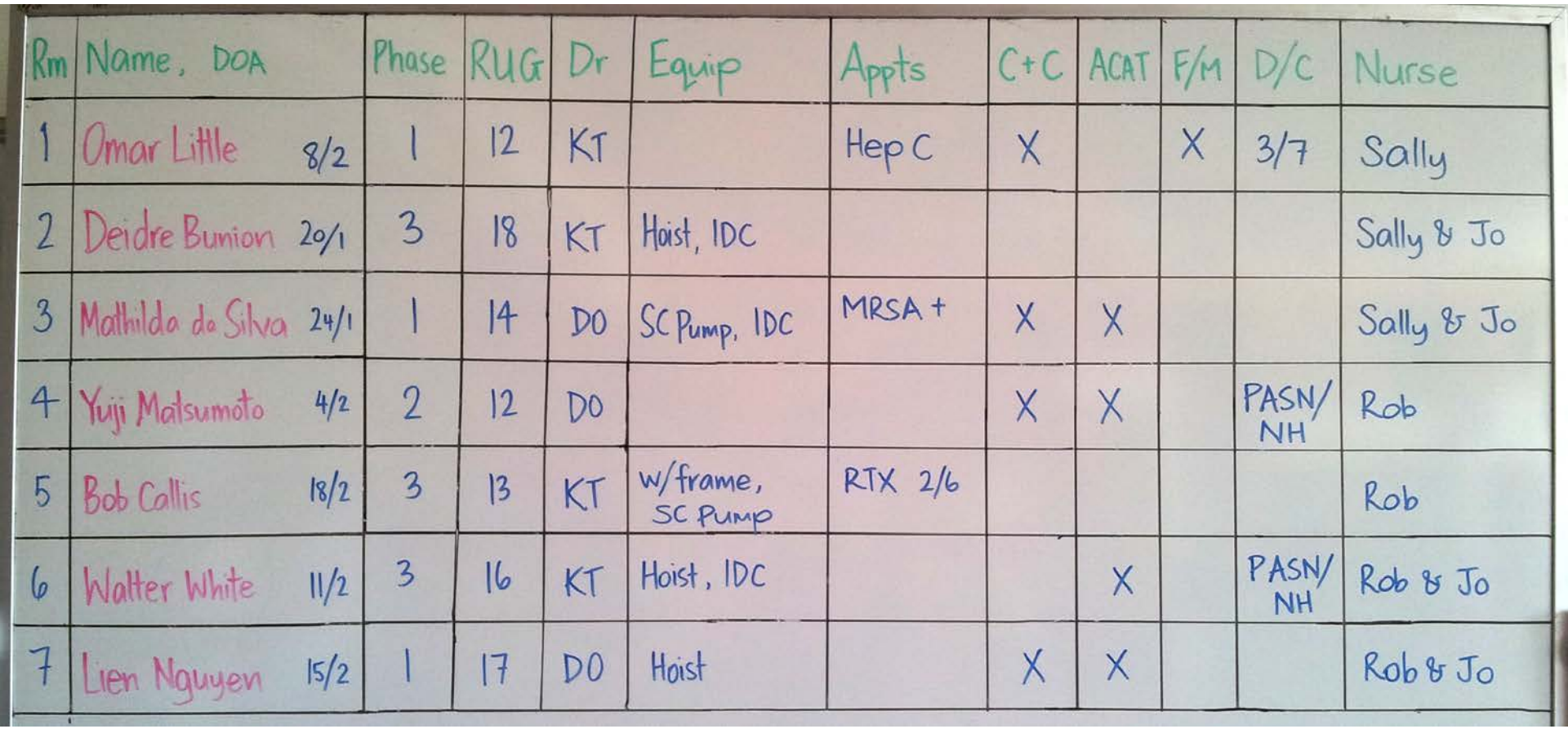
Age:	55 years
Diagnosis:	Adv. lung Ca with bony metastasis
Diagnosed:	April 19, 2012
Medical Hx:	Smoker for 15 years, ceased 20yrs ago, nil other sig. hx
Social Hx:	Lives with wife Maisie (Bob's carer) and their 2 teenage children

Maisie believes Bob is "getting worse" so she contacts the community PC service and requests a visit. Maisie reports that she is feeling fatigued & unwell.

Inter-jurisdictional Communication

- **PC Phase**: 2 (Unstable)
- **AKPS:** 50
- **RUG ADL**: 13/18 (needs help with bed mobility, toileting, transfers & eating).
- **PCPSS:** Pain = 3, Other symptoms = 3, Psych/spiritual = 3, Family/carer = 3. (3 = severe)
- **SAS:** Difficulty Sleeping = 8, Appetite problems = 2 Nausea = 8, Bowels = 9, Breathing = 7, Fatigue = 7 and Pain = 9. (patient rated scores, out of 10)

Within-service communication



Rm	Name, DOA	Phase	RUG	Dr	Equip	Appts	C+C	ACAT	F/M	D/C	Nurse
1	Omar Little 8/2	1	12	KT		Hep C	X		X	3/7	Sally
2	Deidre Bunion 20/1	3	18	KT	Hoist, IDC						Sally & Jo
3	Mathilda da Silva 24/1	1	14	DO	SC Pump, IDC	MRSA +	X	X			Sally & Jo
4	Yuji Matsumoto 4/2	2	12	DO			X	X		PASN/ NH	Rob
5	Bob Callis 18/2	3	13	KT	w/frame, SC Pump	RTX 2/6					Rob
6	Walter White 11/2	3	16	KT	Hoist, IDC			X		PASN/ NH	Rob & Jo
7	Lien Nguyen 15/2	1	17	DO	Hoist		X	X			Rob & Jo

Communication in clinical handover

	Name/Age/Diagnosis	Presenting Problems	Family	Care Needs	Pump/Pain Control
1	Omar Little 59 Hepatocellular Ca Muscular Atrophy Hep C+ive	Pain Anxiety Oesophageal varices Reduced mobility Emotional issues	F= Jim F= Russell	Phase SMOKER- Nico patch For DC RUG-ADL 12 DOA 8/2 home Mobility Diet Bladder/bowel	DR THOMAS Crisis order
	Deidre Bunion 60	Mouth care Sacral wound	P= Ken D= Flo	Phase For NH placement RUG-ADL 18	DR THOMAS Crisis order

Name/Age/ Diagnosis	Presenting Problems SAS (PSS)	Family	Care Needs	Dr/Symptom Control
Bob Callis **55** Advanced lung Ca with bony metastasis	Pain-9 (3) Nausea-8 SOB-7 Anorexia-2 Insomnia-8 Constipation-9 Fatigue-7 Deteriorating mobility/functioning Family/carer (3) Psych/sp (3)	W= Maisie	Phase:2 RUG-ADL: 13 DOA :18/2 home Mobility: Ambulating with frame – occasionally requires assistance Diet : Independent in care Bladder/bowels: Constipation, last BO 5/7	DR THOMAS 6 fractions of radiotherapy SC pump O2 therapy via nasal cannula

7	Lien Nguyen 74 Ca Breast '03 Lung, Brain, Skeletal mets Hx – SEIZURES, L) Mastectomy, Hypothyroidism, NIDDM	SEIZURES 4/1 Pain SOB/Cough UTI – AB's Decreased mobility Dressing L) Chest Lymphoedema L) arm	S= Matt D= Kelly	Phase RUG-ADL 17 DOA 15/2 – home (SCHCS) Mobility Diet Bladder/bowels	DR ONG Crisis order Oxycontin BD 7am med

Reassessment and care planning

Several days later…

- **Phase:** 3 (Deteriorating)
- **AKPS:** 40
- **RUG ADL:** 10/18 (little more mobile)
- **PCPSS:** Pain= 2, Other symptoms = 3,
  Family/carer = 3
  Psych/spiritual = 2 (2 = moderate)
- **SAS:** Difficulty Sleeping = 2, Appetite = 2,
  Nausea = 2, Bowels = 1, Breathing = 6,
  Fatigue = 1, and Pain = 1

Summary- key message

Why does this work?

Standardisation and consistency!

- Assessment
- Language
- Reporting
- Used by every one in the same way
- Not just data collection

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www.pcoc.org.au

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